

RENEWAL INFORMATION

1 of 1

NAME OF QUALIFIED INTERMEDIARY:

NAME PER "FIRST AGREEMENT" (COMPLETE ONLY IF NAME IS DIFFERENT THAN ABOVE):

PLEASE PROVIDE EXPLANATION FOR THE NAME CHANGE (E.G. MERGER, REORGANIZATION, ETC.):

NAME CHANGE INFORMATION SHOULD BE VERIFIED WITH IRS BY CONTACTING:

MAUREEN DAVIS, ASSOCIATE TECHNICAL ADVISOR
290 BROADWAY, 12 TH FLOOR, NEW YORK, NEW YORK 10007-1867
TELEPHONE: 212-298-2120, FAX 212-298-2106
EMAIL: MAUREEN.C.DAVIS@IRS.GOV

ADDRESS: _____

QI EIN: _____

NAME OF RESPONSIBLE PARTY: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

- **ATTACH A LIST OF PAI CONTRACTS IN FORCE, IF ANY, INCLUDING THE NAME AND ADDRESS OF THE PAI.**